

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295000</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PERSHING GENERAL HOSPITAL SNF</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>855 6TH STREET PO BOX 661 LOVELOCK, NV 89419</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of the annual Medicare recertification survey conducted at your facility on 01/06/09 through 01/08/09.  The census was 19 residents. The sample size was eight residents.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			F 000			
F 371 SS=E	<p>The following deficiencies were identified: 483.35(i) SANITARY CONDITIONS</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the facility did not ensure food was stored under sanitary conditions.</p> <p>Findings include:  An inspection of the facility's kitchen at 9:30 AM</p>			F 371			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	Continued From page 1 on 1/6/09 revealed the following:  Dry storage: There was a can of Jalapeno peppers and an opened container of chocolate chips that had been undated. There were two dented cans. The dietary manager stated that the kitchen's policy was to label food items with the date they were received and when they were opened.  Refrigerator: There were five bottles of whipped light cream dated 3/15/08; a box of 1 oz packets of Philadelphia Cream Cheese dated 9/3/08; a carton of Lactaid milk dated 1/5/08; a bowl of prepared "fruit lax" dated 12/18; cake in a pan labeled "No sugar - 12/25." The dietary manager stated that the kitchen's policy was to discard dairy products by the "sell by" date. She further stated that there was no uniform policy as to when other food products should be discarded after being prepared or opened. A review of the kitchen's written policy revealed that the timeframe for discarding foods was only addressed for cooked leftovers.			F 371			
F 431 SS=D	483.60(b), (d), (e) PHARMACY SERVICES  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary			F 431			

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F 431	<p>Continued From page 2</p> <p>instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of medication rooms, medication carts, and facility policy and procedure, the facility failed to remove expired medications from medication cart "B".</p> <p>Findings include:</p> <p>On 1/7/08 the medication room and two medication carts were reviewed. In the bottom drawer labeled floor stock of Medication Cart B, a bottle of mineral oil was observed with an expiration date of 2/28/08. An Albuterol aerosol nebulizer for a current resident was observed with an expiration date of 4/5/08.</p> <p>An interview was conducted on 1/7/09 with a</p>	F 431			

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F 431	Continued From page 3 registered nurse. She confirmed the two medications were out of date and should have been removed from the medication cart per the facility policy and standards of care.	F 431			